

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 7564	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John T Teague P.O. Box, Bldg., Room No., if any Street 4625 Westridge Place City Temple Hills State Maryland ZIP Code + 4 20748	4. Name, file number, and address of labor organization. Name Asbestos Workers Local 24 Labor Organization File Number 018363 P.O. Box, Building and Room Number, if any Street 901 Montgomery St City Laurel State Maryland ZIP Code + 4 20707
5. Position in labor organization. Vice President	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On **8/11/2005**

410-423-9307

Date

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local 24

Trade Name, if any: Joint Apprenticeship Fund

P.O. Box, Bldg., Room No., if any

Street 901 Montgomery St

City Laurel

State Maryland

ZIP Code + 4 20707

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Trains Local Union members in the insulation industry within the jurisdiction of Local 24

\$252,060

11.b. Approximate dollar value of such dealing.

Payments made to me and/or on my behalf for wages, medical and pension benefits, and reimbursements for expenses. Expenses include travel, meals and other pertinent expenses for duties as Trustee.

\$2,708

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (Including trade name, if any).</p> <p>Name Asbestos Workers Local #24 Trade Name, if any: Pension Fund P.O. Box, Bldg., Room No., if any Suite 100 Street 4600 Powder Mill Rd City Beltsville State Maine ZIP Code + 4 20705</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4</p>	<p>11.a. Nature of such dealing. Pension Trust Fund for the members Of Asbestos Workers Local 24.</p>
	<p>11.b. Approximate dollar value of such dealing. \$3,475,471</p> <p>12.a. Nature of interest held or income received. Payments for expenses and lost wages while attending educational conference and meetings as Trustee of the Pension fund.</p> <p>12.b. Amount. \$4,722</p>